

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) COOPERATIVE OF AMERICAN PHYSICIANS IE COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00492116</div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			
Full Name (Last, First, Middle Initial) of Payee Crossroads Media LLC		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 13 / 2012</div>	
Mailing Address 66 Canal Center Plaza #555		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">66725.00</div>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : WFT2012913174-1
Purpose of Expenditure Radio Advertisement	Category/ Type	Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Heidi Heitkamp		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">69225.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Revolution Media		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 12 / 2012</div>	
Mailing Address 1020 Princess Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">164700.00</div>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : WFT2012913173-1
Purpose of Expenditure Radio Advertisement	Category/ Type	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">164700.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">231425.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Kirk Alan Pessner</u>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 20 / 2012</div>	
[Electronically Filed]			

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

COOPERATIVE OF AMERICAN PHYSICIANS IE COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C

C00492116

Check If ☐ 24-hour report ☒ 48-hour report☐ New report ☒ Amends report filed onM M / D D / Y Y Y Y Y Y
10 / 13 / 2012

Full Name (Last, First, Middle Initial) of Payee

Revolution Media

Date

M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Mailing Address 1020 Princess Street

Amount

134100.00

City

Alexandria

State

VT

Zip Code

22314

Purpose of Expenditure
Radio AdvertisementCategory/
Type

Office Sought:

☐ House

State: MT

☒ Senate

District:

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Jon Tester

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶Calendar Year-To-Date Per Election
for Office Sought

134100.00

Full Name (Last, First, Middle Initial) of Payee

Revolution Media

Date

M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Mailing Address 1020 Princess Street

Amount

242000.00

City

Alexandria

State

VA

Zip Code

22314

Purpose of Expenditure
Radio AdvertisementCategory/
Type

Office Sought:

☒ House

State: IN

☐ Senate

District: 02

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Joe Donnelly

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶Calendar Year-To-Date Per Election
for Office Sought

242200.00

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

376100.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

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Kirk Alan Pessner

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 20 / 2012

Signature

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(SCHEDULE E)

PAGE 3 OF 3
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NAME OF COMMITTEE (In Full)

COOPERATIVE OF AMERICAN PHYSICIANS IE COMMITTEE

FEC IDENTIFICATION NUMBER ▼

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C00492116

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10 / 13 / 2012

10 / 13 / 2012

10 / 13 / 2012

Full Name (Last, First, Middle Initial) of Payee

FPI Strategies

Date

M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

10 / 12 / 2012

10 / 12 / 2012

Mailing Address PO Box 16504

Amount

3750.00

City

Alexandria

State

VA

Zip Code

22302

Transaction ID : WFT2012913176-1

Purpose of Expenditure
Radio AdvertisementCategory/
Type

Office Sought:

☐ House

State: ND

☒ Senate

District:

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Heidi Heitkamp

Calendar Year-To-Date Per Election
for Office Sought

69225.00

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

3750.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

611275.00

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Kirk Alan Pessner

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 20 / 2012

10 / 20 / 2012

10 / 20 / 2012

Signature